SUBMISSION ID:
 1042157
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028\*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 401

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrookesideDISTRICT:CDOANALYST:Kari LongNO DISCHARGE INDICATOR:AL

SAMPLING TYPE  2021-03-01 2021-03-02 2021-03-03 2021-03-04 2021-03-06 2021-03-07 2021-03-08 2021-03-09 2021-03-10 2021-03-11 2021-03-12 2021-03-13	00400 S.U. Vhen Disch. Grab	00610 mg/l When Disch. Grab	00630 mg/l When Disch. Grab	00640 mg/l When Disch. Grab	00665 mg/l When Disch. Grab	31648 #/100 ml When Disc Grab	Spray 50045 inches/day h. When Disch. Total
UNITS FREQUENCY W SAMPLING TYPE  2021-03-01 2021-03-02 2021-03-04 2021-03-05 2021-03-06 2021-03-07 2021-03-08 2021-03-09 2021-03-10 2021-03-11 2021-03-12 2021-03-13	Vhen Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disc	h. When Disch.
FREQUENCY W SAMPLING TYPE  2021-03-01  2021-03-02  2021-03-03  2021-03-05  2021-03-06  2021-03-07  2021-03-08  2021-03-09  2021-03-10  2021-03-11  2021-03-12  2021-03-13	Vhen Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disc	h. When Disch.
SAMPLING TYPE  2021-03-01 2021-03-02 2021-03-03 2021-03-04 2021-03-06 2021-03-07 2021-03-08 2021-03-09 2021-03-10 2021-03-11 2021-03-12 2021-03-13							
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2021-03-03 2021-03-04 2021-03-05 2021-03-06 2021-03-07 2021-03-08 2021-03-09 2021-03-10 2021-03-11 2021-03-12 2021-03-13							
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Count							
Name of Respon Official or Autho Representativ	rized <sub>have p</sub> /e familia	y under the pen ersonally exami r with the infor ted herein and l	ned and am mation	I Signature of Authori	f Responsible ( zed Represent	Official or ative	Submission Date/Time
Jeffrey Williamso	inquiry immed the info submit and con are sig false ir	duals ble for obtaining eve the is true, accurat are that there es for submittin uding the	e	Certification Version Date 2021-04- 20 10:04			
000000000000000000000000000000000000000	[OOSSID]	ility of fine and	imprisonment,		age 1		

Page 1

 SUBMISSION ID:
 1042157
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028\*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 401

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrookesideDISTRICT:CDOANALYST:Kari LongNO DISCHARGE INDICATOR:AL

PARAMETER	Flow P	late						
PARAMETER CODE	5005							
UNITS	MG	D						
FREQUENCY	When D	isch.						
SAMPLING TYPE	24hr T Estim	otal						
2021-03-01								
2021-03-02								
2021-03-03								
2021-03-04			***************************************					
2021-03-05			***************************************	***************************************	***************************************	***************************************		
2021-03-06			***************************************	***************************************				
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Average	000000000000000000000000000000000000000		000000000000000000000000000000000000000	***************************************	000000000000000000000000000000000000000	***************************************	000000000000000000000000000000000000000	
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Name of Kesp	onsible	µ certif	y under the pen	alty of law that	I Signature o	T Kesponsible	ufficial or	Submission Date/Time
Representa	norized	nave p	ersonally exami	ned and am	Autnor	ized Represent	ative	Date/Inne
Kehresenia			r with the infor					
			ted herein and l					
			of those indivi		8			
immediately responsible for obtaining							Certification	
			ormation, I belie					Version Date
Jeffre	Y!	submit	ted information	is true, accurate	Э			
_	- 8		mplete. I am aw					2021-04-
William:				es for submitting	1			20.22.
			formation, incl		<b>,</b>			20 10:04
			lity of fine and					

Page 2

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Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrookesideDISTRICT:CDOANALYST:Kari LongNO DISCHARGE INDICATOR:AL

PARAMETER	рН	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 m	l inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disc	>0000000000000000000000000000000000000
SAMPLING							
TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2021-03-01							
2021-03-02							
2021-03-03							
2021-03-04						<b></b>	
2021-03-05		<u> </u>				<b>!</b>	
2021-03-06		8		<b></b>			
2021-03-07		<b>-</b>				<b> </b>	
2021-03-08 2021-03-09		<b>-</b>				<b></b>	
2021-03-09		<b>-</b>				<b> </b>	
2021-03-10						<b></b>	
2021-03-12						<b></b>	
2021-03-13							
2021-03-14							
2021-03-15							
2021-03-16							
2021-03-17				<b></b>			
2021-03-18				<b></b>		<b></b>	
2021-03-19		<u></u>		<u></u>		<b> </b>	
2021-03-20				<b></b>		<b></b>	
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2021-03-23						<del> </del>	
2021-03-24		8				<del> </del>	
2021-03-26		<u> </u>		<b></b>		<b>i</b>	
2021-03-27		<b>†</b>		<b></b>		<b> </b>	
2021-03-28		·		<u> </u>		<b> </b>	
2021-03-29							
2021-03-30							
2021-03-31							
Minimum							
Maximum							
Average							
Count		**************************************					100000000000000000000000000000000000000
Name of Resp Official or Aut Representa	horized <sub>have p</sub> ntive familia	fy under the per personally exam ar with the infor tted herein and	ined and am mation	;   Signature o Author	f Responsible ized Represent	Official or ative	Submission Date/Time
submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				te			Certification Version Date 2021-04- 20 10:04

Page 3

 SUBMISSION ID:
 1042157
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Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrookesideDISTRICT:CDOANALYST:Kari LongNO DISCHARGE INDICATOR:AL

						DISCHARGE IF		AL		
PARAMETER	Flow Rat	e			T				П	
PARAMETER CODE	50050	П			Т					
UNITS	MGD				T					
FREQUENCY	When Disc	ch.								
SAMPLING	24hr Tot									
TYPE	Estimate									
2021-03-01				1	T					
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2021-03-05		_			T			1		
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2021-03-18			***************************************					<b></b>		
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2021-03-27				_				<b>i</b>		
2021-03-28								<b>-</b>		
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Maximum	000000000000000000000000000000000000000		000000000000000000000000000000000000000	100000		000000000000000000000000000000000000000	000000000000000000000000000000000000000			300300000000000000000000000000000000000
Average	000000000000000000000000000000000000000		100000000000000000000000000000000000000			000000000000000000000000000000000000000	***************************************			000000000000000000000000000000000000000
Count			800000000000000000000000000000000000000			8				
Name of Resp Official or Aut Representa	horized <sub>ha</sub> itive fai	ve pe miliar	ersonally exa: r with the inf	formation	at I		f Responsible ized Represen			Submission Date/Time
	su	bmitt	ed herein an	d based on my						
000000000000000000000000000000000000000	ind	quiry	of those indi		ing		000000000000000000000000000000000000000	000000000000000000000000000000000000000	~	ertification
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Jeffre	Y su	bmitt	ed information	on is true, accur	ate				١ ٧	sision pate
				aware that there						2021-04-
William				lties for submitt						
			formation, in		. 9					20 10:04
				nd imprisonmen	+	8				

Page 4

 SUBMISSION ID:
 1042157
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 2134 C.R. 224
 STATION CODE:
 403

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrookesideDISTRICT:CDOANALYST:Kari LongNO DISCHARGE INDICATOR:AL

PARAMETER CODE	ml inches/day isch. When Disch.
UNITS	isch. When Disch.
FREQUENCY   When Disch.   When Disch   When Disch.   Whe	isch. When Disch.
SAMPLING TYPE         Grab	
TYPE Grab Grab Grab Grab Grab Grab Grab Grab	b Grab
2021-03-01 2021-03-02 2021-03-03 2021-03-04 2021-03-06 2021-03-06 2021-03-07 2021-03-09 2021-03-10 2021-03-11 2021-03-12 2021-03-12 2021-03-15 2021-03-16 2021-03-16 2021-03-18 2021-03-19 2021-03-19 2021-03-19 2021-03-19 2021-03-20 2021-03-21	
2021-03-02 2021-03-04 2021-03-05 2021-03-06 2021-03-07 2021-03-08 2021-03-09 2021-03-10 2021-03-11 2021-03-12 2021-03-13 2021-03-14 2021-03-15 2021-03-16 2021-03-17 2021-03-19 2021-03-19 2021-03-19 2021-03-19 2021-03-20 2021-03-21	
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2021-03-05       2021-03-06         2021-03-07       2021-03-08         2021-03-09       2021-03-10         2021-03-10       2021-03-11         2021-03-12       2021-03-13         2021-03-13       2021-03-14         2021-03-16       2021-03-16         2021-03-18       2021-03-19         2021-03-20       2021-03-21	
2021-03-06	
2021-03-07 2021-03-08 2021-03-09 2021-03-10 2021-03-11 2021-03-12 2021-03-13 2021-03-14 2021-03-15 2021-03-16 2021-03-17 2021-03-18 2021-03-19 2021-03-20 2021-03-21	
2021-03-08 2021-03-09 2021-03-10 2021-03-11 2021-03-12 2021-03-13 2021-03-14 2021-03-15 2021-03-16 2021-03-17 2021-03-18 2021-03-19 2021-03-20 2021-03-21	
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Minimum	
Maximum	
Average	100000000000000000000000000000000000000
Count	
Name of Responsible I certify under the penalty of law that I   Signature of Responsible Official or	r Submission
Official or Authorized have personally examined and am  Authorized Representative	Date/Time
Representative familiar with the information	
submitted herein and based on my	
inquiry of those individuals	
immediately responsible for obtaining	0
the information. I believe the	Certification
Jeffrey submitted information is true, accurate	Version Date
	2021-04-
Williamson and complete. I am aware that there are significant penalties for submitting	
false information, including the	20 10:04
possibility of fine and imprisonment.	I

Page 5

 SUBMISSION ID:
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 FACILITY:
 H2-Oh-Yeah
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 LOCATION:
 2134 C.R. 224
 STATION CODE:
 403

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrookesideDISTRICT:CDOANALYST:Kari LongNO DISCHARGE INDICATOR:AL

					D DISCHARGE II		AL	
PARAMETER	Flow Ra	te						
PARAMETER CODE	50050							
UNITS	MGD							
FREQUENCY	When Dis	sch.						
SAMPLING	24hr To	***********						
TYPE	Estimat							
2021-03-01								
2021-03-02								
2021-03-03			***************************************		***************************************		<b>i</b>	
2021-03-04		-			***************************************		<b>i</b>	
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2021-03-17							<u></u>	
2021-03-18							<b></b>	
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2021-03-20								
2021-03-21								
2021-03-22	<b></b>						<b></b>	
2021-03-23							<b></b>	
2021-03-24							<b></b>	
2021-03-25							<b></b>	
2021-03-26							<b></b>	
2021-03-27							<b> </b>	
2021-03-28							<b></b>	
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2021-03-30					***************************************		<b> </b>	
2021-03-31								
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Maximum	000000000000000000000000000000000000000		***************************************		***************************************	000000000000000000000000000000000000000		020020000000000000000000000000000000000
Average		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	000000000000000000000000000000000000000	.000	***************************************			
Count								
Name of Resp Official or Aut Representa	horized $_{ m ha}$	ave pe amilia:	y under the pe ersonally exan r with the info ted herein and	ormation	I Signature of Author	f Responsible ized Represent		Submission Date/Time
Jeffrey Williamson Wil			e			Certification Version Date 2021-04- 20 10:04		

Page 6

 SUBMISSION ID:
 1042157
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 Original

 FACILITY:
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 PERMIT NUMBER:
 4MP00028\*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 602

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrookesideDISTRICT:CDOANALYST:Kari Long

NO DISCHARGE INDICATOR:

			INC	DISCHARGE II	IDICATOR.		
PARAMETER	Biochemical Oxygen Demand, 5 Day	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Phosphorus, Total (P)	E. coli	Flow Rate	Sludge Solids, Percent Total
PARAMETER CODE	00310	00530	00610	00665	31648	50050	70318
UNITS	mg/l	mg/l	mg/l	mg/l	#/100 ml	MGD	%
FREQUENCY	1/Week	1/Week	1/2 Weeks	1/2 Weeks	1 / 2 Weeks	1/2 Week	
SAMPLING						24hr Tota	d
TYPE	Grab	Grab	Grab	Grab	Grab	Estimate	" Grab
2021-03-01	1.2360	.5400	.0000				
2021-03-02							
2021-03-03							
2021-03-04							
2021-03-05	<b></b>	***************************************		***************************************			
2021-03-06							
2021-03-07 2021-03-08	1.4745	.7000	.0000	19.87	.0088	0	.6030
2021-03-09	1.4/45	./000	.0000	19.67	.0088	<u> </u>	.6030
2021-03-10		***************************************					
2021-03-11							
2021-03-12							
2021-03-13							
2021-03-14							
2021-03-15							
2021-03-16	1606.50	.9600					
2021-03-17							
2021-03-18							
2021-03-19							
2021-03-20	<b></b>	000000000000000000000000000000000000000		***************************************	***************************************	***************************************	
2021-03-21	2 0050	4200	2000	3305			F300
2021-03-22	2.0850	.4200	.0000	.1185		0	.5380
2021-03-23 2021-03-24							
2021-03-25							
2021-03-26							
2021-03-27							
2021-03-28							
2021-03-29	2.2455	.3000					
2021-03-30							
2021-03-31							
Minimum	1.236	0.3	0.0	0.1185	0.0088	0.0	0.538
Maximum	1606.5	0.96	0.0	19.87	0.0088	0.0	0.603
Average	322.7082	0.584	0	9.99425	0.0088	0	0.5705
Count	5	5	3	2	1	2	2
Name of Resp Official or Aut Represent	ative familia	under the per ersonally exam: with the infor ed herein and	ined and am mation	I Signature o Author	f Responsible ( ized Represent		Submission Date/Time
Jeffre William	inquiry immedithe info submitted and cores are signification.	of those indivi- ately responsil ormation, I beli- ted information onplete. I am aw	iduals  ple for obtaining  eve the  is true, accurate  are that there  es for submitting  uding the	<del>j</del>			Certification Version Date 2021-04- 20 10:04

Page 7

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 602

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrookesideDISTRICT:CDOANALYST:Kari Long

NO DISCHARGE INDICATOR:

				D DISCHARGE II			
PARAMETER	Sludge Solids, Percent Volatile	Freeboard	рН	Oil and Grease, Hexane Extr Method	Nitrogen Kjeldahl, Total	Nitroger Inorgani Total	
PARAMETER CODE	70322	82564	00400	00552	00625	00640	
UNITS	%	feet	S.U.	mg/l	mg/l	mg/l	
FREQUENCY	1/2 Weeks	1 / 2 Weeks	1/Month	1/Month	1/Month	1/Month	
SAMPLING							
TYPE	Grab	Total	Grab	Grab	Grab	Grab	
2021-03-01				.00000	.00000	.00000	
2021-03-02							
2021-03-03							
2021-03-04						************************	
2021-03-05						***************************************	
2021-03-06							
2021-03-07 2021-03-08	25 5020	1.5	7.74		<b></b>		
2021-03-08	25.5920	1.3	7.74				
2021-03-09							
2021-03-10				***************************************			
2021-03-12							
2021-03-13							
2021-03-14							
2021-03-15						***************************************	
2021-03-16							
2021-03-17							
2021-03-18							
2021-03-19							
2021-03-20						*************************	
2021-03-21							
2021-03-22	29.9710	1.5					
2021-03-23							
2021-03-24 2021-03-25							
2021-03-25							
2021-03-20							
2021-03-28							
2021-03-29							
2021-03-30	***************************************	annon-anno	***************************************	***************************************		***************************************	
2021-03-31							
Minimum	25.592	1.5	7.74	0.0	0.0	0.0	
Maximum	29.971	1.5	7.74	0.0	0.0	0.0	
Average	27.7815	1.5	000000000000000000000000000000000000000	0	0	0	
Count	2	2	1.	1	1	1	
Name of Resp Official or Auti Representa	horized <sub>have p</sub> tive <sub>familia</sub>	ersonally exami r with the infor	mation	I Signature o Author	f Responsible C ized Representa		Submission Date/Time
submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submittin false information, including the possibility of fine and imprisonment.				е			Certification Version Date 2021-04- 20 10:04

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FACILITY: LOCATION: H2-Oh-Yeah 2134 C.R. 224 PERMIT NUMBER: MONITORING PERIOD: 4MP00028\*AM

2021-03-01 To: 2021-03-31

Ashley, OH 43003

### **PARAMETER COMMENTS:**

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
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